

MULTIPLE DEPEN.  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2	/		/				
3	/		/				
4	/		/				
5	/		/				
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19	/						
20	1		1				
21	/		/				
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23	/		/				
24	/		/				
25	/						
26	/		1				
27	1		1				
28	/		/				
29	/		1				
30	/		1				
31	/		1				
32	/						
33	1						
34	1		1				
35	/		1				
36	/						
37	/						
38	/		1				
39	/						
40	/						
41	1						
42	1		1				
43	1		1				
44	1		1				
45							
46							
47							
48							
49							
50							
TOTAL IND.	60	↓	60	↓		↓	
TOTAL DEP.	38	←	23	←		←	
TOTAL CLAIMS	44		29				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							